

# OEHE Course Registration Form

## Level 1 Water Systems Training May 4-8, 2015

Yukon-Kuskokwim Health Corporation  
Office of Environmental Health  
P.O. Box 528 Bethel, AK 99559  
Phone: 907-543-6420 or 800-478-6598  
Fax: 907-543-6425  
Brian\_berube@ykhc.org



Applicant's Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email Address : \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Work Fax: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_ Supervisor/Authority's Name: \_\_\_\_\_

### EXAM INFORMATION

(Check the box next to the exam(s) you wish to register for)

- ☐ **Water Treatment Provisional/1**  
☐ **Water Distribution Provisional/1**

### TRAINING INFORMATION

#### DATE/TIME:

Monday-Friday, May 4-8, 2015;  
8am– 5pm Daily, 8 am– 12pm Friday.

#### TRAINING LOCATION:

Yuut Elitnaurviat Training Center  
610 Akiachak Drive, Bethel, AK 99559

#### OPTIONAL LODGING LOCATION:

Yuut Elitnaurviat Dorms

\* Lodging will only be provided Sun.,  
May 3rd through Thurs., May 8th.

#### FEES:

**Tuition Fee:** \$250

**Exam Fee:** \$20/App, \$30/Exam

**Optional Lodging/Meals Fee:** See  
fee section

### Exam Fees -

Both the Level 1 Treatment and Distribution  
exams can be given.

Exam Application Fee	\$20.00
Level 1 Treatment Exam Fee	\$30.00
Level 1 Distribution Exam Fee	\$30.00
Exam Fee Total:	\$80.00

\*due at training.

\*Please make checks payable to YKHC-OEHE.

### Optional Fees -

Operators can be provided meals and lodging at  
cost.

Breakfast Fee:	\$ 90
Lunch Fee:	\$ 90
Lodging Fee:	\$375

Operators should plan to arrive in Bethel on Sunday, May  
3rd and depart Friday, the 8th in the afternoon. Lodging  
will only be provided Sunday-Thursday nights.

No meals will be provided on Sunday. No lunch will be  
served on Friday.

By signing this document, I understand the conditions under which the training is offered, and by my signature, I  
agree to the conduct policy and training policy changes.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor/Authority's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail completed OEHE Course Registration Form AND checks for associated fees to:  
**YKHC-OEHE, PO Box 528, Bethel, AK 99559**  
**Registration will not be confirmed until payment is received!**  
**Registration forms must be received by April 22, 2015**